

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		4	/			51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
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9		1					59						
10		5					60						
11		3					61						
12		2					62						
13		1					63						
14		2					64						
15		1					65						
16	1	1					66						
17		1					67						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			11				TOTAL DEP.						
TOTAL CLAIMS			11				TOTAL CLAIMS						